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Massachusetts School Based Health Centers- Dental Services Survey**Prepared by Christine Kerle, RDH, BSDH**

In February 2000, a Special Legislative Commission (SLC) on Oral Health released a report to the Governor and State Legislature regarding the oral health status and access to dental care services among Massachusetts residents. The SLC reported the existence of an oral health crisis within the Commonwealth identifying access to care for low-income children, elders and vulnerable populations as major problems. The report further cited recommendations in which action steps could be made to improve upon the dental access issues. One of the recommendations was to increase the private and public capacity to provide dental services. The expansion to the dental safety-net to areas where access is limited was highlighted.¹

Massachusetts has a wide array of agencies and programs that make up the dental safety-net. These provider sites offer dental services to clients who have barriers to care. The number and location of these clinics in school-based settings was unknown. In an effort to identify school-based programs offering dental services, the Massachusetts Department of Public Health, Offices of Oral Health collaborated with the Boston Public Health Commission's School Based Health Center Program to conduct a survey. The purpose of the survey was to determine how many School Based Health Centers (SBHCs) provide dental services, and to identify the scope of services at each site.

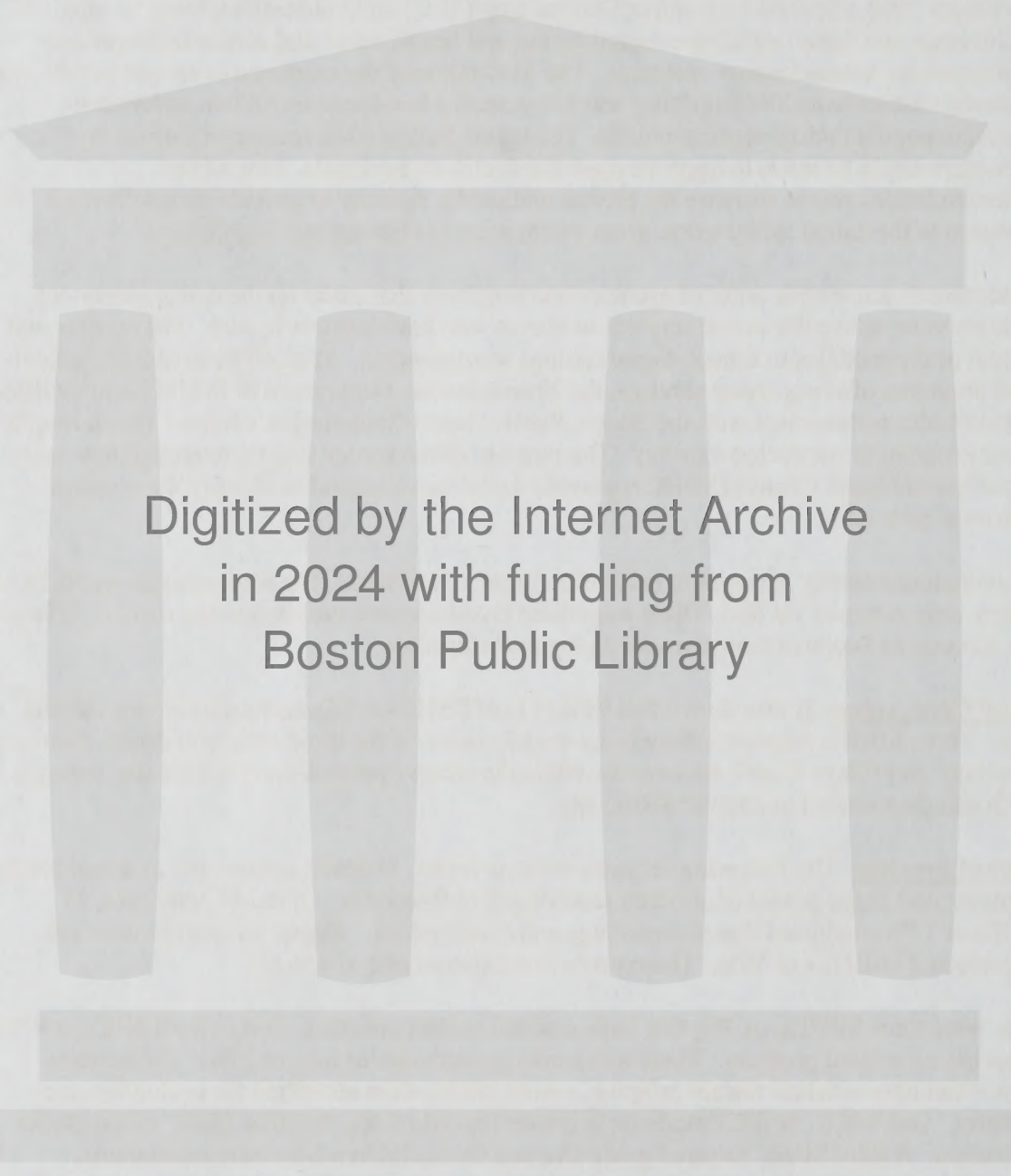
The anonymous survey was sent to each of the state's 74 SBHCs. The response rate was 62% (46 surveys were returned via fax). There were three broad sections included in the survey: 1) Dental Care Access; 2) Scope of Services; and 3) Referral Capacity.

Dental Care Access- It was shown that 94% (43) of SBHCs in Massachusetts have no dental clinic. Three SBHCs responded they had a dental chair. Of the three sites with dental chairs one opens only on Fridays from 9 am to noon, while the others operated every school day during a month and then rotated to another SBHC site.

Scope of Services- The following services were surveyed: 1) dental screenings; 2) dental sealant programs; and 3) the grades of children receiving dental sealants. Of the 46 responses, 17 SBHCs or 37% conducted dental screenings and examinations. Dental screenings were not available in 27 SBHCs or 59%. There was a nonresponse rate of 4 % (2).

There were three SBHCs, or 7%, that have a dental sealant program. Forty-two SBHCs or 91% do not have a sealant program. There was a nonresponse rate of two, or 2 %. Of the three SBHCs that have a dental sealant program, varied grades were identified for evaluation and treatment. One SBHC targeted students in grades two and three. Another SBHC chose grades six to eight. A third SBHC targeted grade five and those children who were immigrants.

Referral Capacity – Ninety one percent of SBHCs provided referrals for dental services. Only nine percent did not provide referrals. Respondents were asked to select as many reasons for making a dental referral as appropriate. Based on multiple answers, 71% were referred for preventive care, 71% for restorative care and 74% for urgent care.

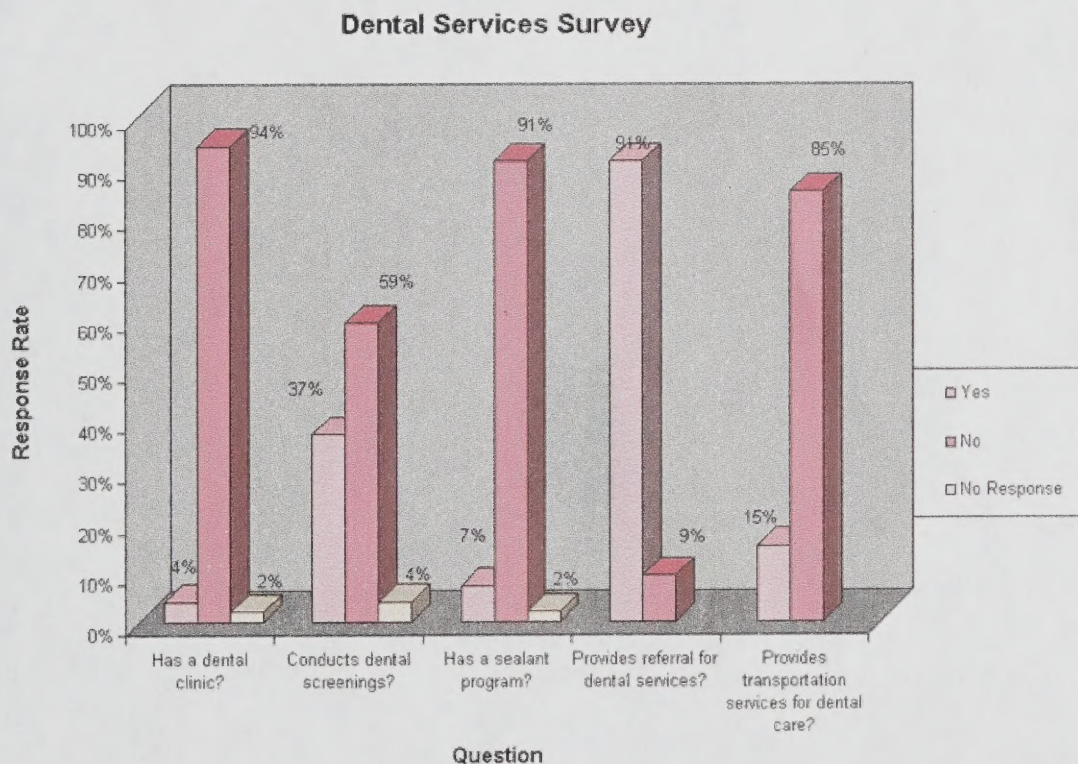


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Transportation was provided to the referral appointment by 15% or seven of the SBHCs, while 85% did not provide transportation.

National reports have identified SBHCs as potential sites for increasing access to dental care for low-income school-aged children.² The report summarizes the availability of dental services in Massachusetts SBHCs. Overall, availability of dental care services in Massachusetts SBHCs is significantly limited. While some SBHCs provide dental screenings and referrals for services, most (96%) do not have the capacity to provide comprehensive dental care for children enrolled in the SBHCs, nor do they have dental sealants programs (91%) in place. The reasons for these limitations are unclear. Possible explanations include space limitation in school-based settings, and pediatric dental provider shortages. The state dental Medicaid program currently provides a full range of covered services for eligible children. Children enrolled in SBHCs generally are eligible for public dental insurance programs. With many of these children already accessing medical services through the SBHCs, it appears that this venue could potentially be an avenue by which eligible children could access dental care as well. Further investigation for expanding the scope of services in SBHCs to include dental care appears to be a feasible next step.



¹ Special Legislative Commission Oral Health. The Oral Health Crisis in Massachusetts; Report of the Special Legislative Commission on Oral Health. Boston, MA, February 2000.

² Grant Makers in Health Issue Dialogue. Filling the Gap: Strategies for Improving Oral Health. Issue Brief. May 2001.

